



**SECTION D: BUSINESS APPLICATION for a CORPORATION/BUSINESS ENTITY**  
**(other than Sole Proprietorship or Partnership)**  
**Qualifier Information (To be completed by the Qualifying Agent)**

Trade and Category (Refer to category list)

1.

Name of Qualifying Agent

Social Security No.

Home Address

City

State

Zip Code

Home Telephone No.

Driver's License No.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address

City

State

Zip Code

Business Telephone No.

Business Fax No.

Email Address

Name of qualifying agent who completed SECTION A.

Trade and Category (Refer to category list)

Provide his/her title in connection with the business entity

2. Were you ever refused a contractor's license? NO ☐ YES ☐

What type of license? \_\_\_\_\_

Where? \_\_\_\_\_

Why were you refused? \_\_\_\_\_

3. a. Do you currently hold a certificate issued by any Florida State Board? NO ☐ YES ☐

If YES, provide Certificate No. \_\_\_\_\_ and names of the business entity you qualify (or indicate "Inactive", if appropriate).

c. Are you qualifying a business entity in this or some other county within the State of Florida?

NO ☐ YES ☐ If YES, in what county \_\_\_\_\_

In what trade? \_\_\_\_\_ Provide name of business entity \_\_\_\_\_

If applicable, provide state registration No. \_\_\_\_\_

4. List the principal stockholders/equity holders and the percentage of stock owned/ownership interest by each of them:

NAME, ADDRESS AND OFFICE HELD

PERCENTAGE OF STOCK/  
OWNERSHIP INTEREST


5. Have you, the Qualifying agent operated or managed by you at the present time, and all businesses in which you have had an active part in Florida or elsewhere during the last five years with addresses.


6. REFERENCES: list four references which can provide information as to your competency and financial responsibility. An employer, and architect or engineer, a supply house and a financial institution are suggested.  
(NOTE: This question is restricted to tested categories only)

1.	Name	Address	Home Telephone No.
2.	Name	Address	Home Telephone No.
3.	Name	Address	Home Telephone No.
4.	Name	Address	Home Telephone No.

7. Provide below the name, home address and home telephone no. of all officers. (Use additional sheet if necessary)

	NAME	HOME ADDRESS	HOME TELEPHONE No.
PRESIDENT			
VICE- PRESIDENT			
SECRETARY			
TREASURER			
CHIEF CONST. MANAGER			
DIRECTOR			

DIRECTOR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

OTHER \_\_\_\_\_

8. Have any of the Officers or Directors of the corporation/business entity been convicted of a felony during the past five years in the State of Florida or elsewhere? NO ☐ YES ☐ If YES, state where and the nature of offense. Provide name of court and case number.

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9. Are any of the Officers or Directors of the corporation/business entity presently charged with committing a felony? NO ☐ YES ☐ If YES, state where and nature of offense. Provide name of court and case number.

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10. Have any of the officers or directors failed in business in the last five years? NO ☐ YES ☐ If YES, please provide specific details.

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11. Have you or has any officer or director as an individual, or as an officer or director of a corporation or as a member of a business entity ever committed an act within the past three years which if committed by a licensed contractor would be grounds for suspension or revocation of such contractor's license? NO ☐ YES ☐ If YES, please provide details.

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12. Have you or has any officer or director as an individual or officer or director of a corporation or member of a business entity, ever benefited from or caused injury to another as the result of an act within the past three years involving dishonesty, fraud, negligence, deceit or lack of integrity? NO ☐ YES ☐ If YES, please explain.

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13. Have you or any member of the business entity or officer or director of the corporation ever had a Certificate of Competency suspended or revoked by the Florida Construction Industry Licensing Board or other state licensing authority or the licensing authority of another municipality or county whether located in the State of Florida or another state? NO ☐ YES ☐ If YES, please explain.

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**The following are definitions needed in order to answer the next set of questions.**

*(i) If a corporation, the qualifying agent, the president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporation; if a joint venture, the qualifying agent, partners or president, vice-president, secretary and any stockholder controlling 25% or more of the stock in the corporations if the joint venture is comprised of corporations, if any other business entity, the chief officer and any other officer relevant to the record keeping or finances of the business entity as well as any owner of the business entity owning 25% or more of the business entity.*

*(ii) For purpose of this rule, "responsible person" includes a qualifying agent, any partner, joint venture partner, corporate officer, corporate director, trustee and stockholder controlling 25% or more in a corporation.*

14. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract work undertaken by any person named in (i) above or any organization in which such person was a responsible person as defined in (ii) above? NO ☐ YES ☐
15. Are there now any liens, suits or judgments of record or pending against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above, as a result of the construction operations of such person or organization? NO ☐ YES ☐
16. Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above? NO ☐ YES ☐
17. Has any person named in (i) above or has any organization in which any such person was a responsible person as defined in (ii) above ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness? NO ☐ YES ☐
18. Has any person named in (i) above or has any business entity in which any person was a member been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county or municipality? NO ☐ YES ☐
19. Has any person in (i) above or has any business entity in which such person was a responsible person as defined in (ii) above ever been convicted of a felony within the past five years in this state or elsewhere? NO ☐ YES ☐
20. Does the Qualifying Agent have a significant management and/or financial interest in the contracting business he/she is qualifying as evidenced by his/her position as an officer or principal stockholder in the business entity? NO ☐ YES ☐  
If YES, provide position \_\_\_\_\_, percentage of ownership interest \_\_\_\_%.

I hereby certify that \_\_\_\_\_ is the qualifying agent for the corporation/business entity and that he/she has the authority to act for the corporation/business entity in all matters connected with the contracting business and will supervise the construction under the certificate of competency and occupational license issued to the corporation/business entity, and the corporation/business entity will assume full responsibility for the actions of the qualifying agent in connection therewith.

I further certify that I will notify the Construction Trades Qualifying Board (CTQB) immediately if the above named qualifying agent, severs his/her connection with the corporation/business entity. I further agree that the CTQB may obtain information concerning the financial condition of the corporation/business entity from any source, including confidential information. The above is a full disclosure of all parties of interest in this application to the best of my knowledge. I am aware that we must finalize the paperwork within 180 days from the date of CTQB approval and failure to do so will result in the application becoming null and void and we will be required to pay the full fee to refile. I am also aware that the fee for this application is non-refundable.

X \_\_\_\_\_  
SIGNATURE OF President or other Officer  
Authorized to Bind Corporation/Business Entity other  
than the Qualifying Agent

\_\_\_\_\_  
PRINT NAME & TITLE

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC